

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445264	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2013
NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST GREENEVILLE, TN 37743	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to maintain components of the automatic sprinkler system.</p> <p>The findings include:</p> <p>Observation and Record review on August 13, 2013 at 10:00 a.m. and 10:50 a.m. revealed the following deficiencies:</p> <ol style="list-style-type: none"> 1. Record review revealed the water motor gong leaks significantly inside when a drain test in being performed. 2. Observation revealed the front canopy sprinkler heads have antifreeze that has leaked out onto the sprinkler heads. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on August 13, 2013.</p>	K 062	<p>NFPA 101 K 062 LIFE SAFETY CODE STANDARD</p> <p>REQUIREMENT: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>POC:</p> <ol style="list-style-type: none"> 1. No residents were affected in this citation. 2. No residents have the potential to be affected by this citation. 3. The Water Motor Gong was repaired by East Tennessee Sprinkler on August 19, 2013. East Tennessee Sprinkler also checked the blue residue on the sprinkler heads and determined that it was not antifreeze but cleaned it off. 4. The facility Maintenance Technician will observe and monitor the sprinkler heads and the Water Motor Gong to assure that they are maintained and that they are operating in reliable condition and are inspected and tested periodically. <p style="text-align: right;">August 19, 2013</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.